NOTIFICATION OF HAZARDOUS WASTE	ACTIVITY INSTRUCTIONS: If you received a preprinted				
INSTALLA- TION'S EPA	label, affix it in the space at left. If any of the information on the label is incorrect, draw a line				
I.D. NO. KSD0000000110 00 -774-6846	through it and supply the correct information in the appropriate section below. If the label is				
I. STALLATION	complete and correct, leave Items 1, II, and III below blank. If you did not receive a preprinted				
INSTALLA- REID SUPPLY CO S11 E INDIANAPOLIS	label, complete all items. "Installation" means a single site where hazardous waste is generated,				
WICHITA, KS 67211	treated, stored and/or disposed of, or a trans- porter's principal place of business. Please refer				
	to the INSTRUCTIONS FOR FILING NOTIFI- CATION before completing this form, The				
LOCATION DOGO 1400	information requested herein is required by law (Section 3010 of the Resource Conservation and				
R00001480 RCRA Records Center	Recovery Act).				
FOR OFFICIA					
COMMENTS					
Č IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII					
INSTALLATION'S EPA I.D. NUMBER APPROVED DATE RECEIV (yr., mo., & da	2)				
FKSD00724684631 80000	JUL 1 1980 00015				
I. NAME OF INSTALLATION	22				
REID SUPPLY COMPANY					
II. INSTALLATION MAILING ADDRESS	67				
STREET OR P.O. BOX					
39 11 EAST INDIANAPOLIS					
CITY OR TOWN	ST. ZIP CODE				
4 WICHITA	KS 67211				
III. LOCATION OF INSTALLATION	40 41 42 47 - 51				
STREET OR ROUTE NUMBER					
5 2 5 4 9 NEW YORK	45				
CITY OR TOWN	ST. ZIP CODE				
6 W I C H I T A	KS 67211				
IV. INSTALLATION CONTACT	40 41 42 47 - 51				
NAME AND TITLE (last, first, & job title)	PHONE NO. (area code & no.)				
2 GENE E STAMM GENERAL MAN	AGER 316-267-1231				
V. OWNERSHIP A. NAME OF INSTALLATION'S LEGA	LOWNER				
8 R E I D S UPP LY COMPANY INC.					
15 16	ACTIVITY (enter "X" in the appropriate box(es))				
(enter the appropriate letter into box) VI. TITE OF INZURADOUS WASTE	B. TRANSPORTATION (complete item VII)				
F = FEDERAL M = NON-FEDERAL M = C. TREAT/STORE/DISPOSE	D. UNDERGROUND INJECTION				
VII. MODE OF TRANSPORTATION (transporters only – enter "X" in the					
A. AIR B. RAIL C. HIGHWAY D. WATER	CONTROL AND ADDRESS OF THE PROPERTY OF THE PRO				
VIII. FIRST OR SUBSEQUENT NOTIFICATION	65				
Mark "X" in the appropriate box to indicate whether this is your installation's first n If this is not your first notification, enter your Installation's EPA I.D. Number in the	otification of hazardous waste activity or a subsequent notification.				
The state of the s					
C. INSTALLATION'S EPA I.D. NO. A. FIRST NOTIFICATION B. SUBSEQUENT NOTIFICATION (complete item C)					
	SN (complete tieth c)				
IX. DESCRIPTION OF HAZARDOUS WASTES Please go to the reverse of this form and provide the requested information.					

IX. DESCRIPTION	OF HAZARDOUS WAST	ES (continued from	front)		
A. HAZARDOUS WAS waste from non-spe	TES FROM NON—SPECIFIC cific sources your installation	SOURCES. Enter the handles. Use additional	four—digit number from al sheets if necessary.	40 CFR Part 261.31 fo	or each listed hazardous
	2	3	4	5	6
F 0 0 1	F 0 0 2	F 0 0 3	HT / A A A	F 0 0 5	23 - 26
7	8	9	10	11	12
	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
	TES FROM SPECIFIC SOUR urces your installation handle			R Part 261.32 for each	listed hazardous waste from
13	14	15	16	17	18
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
19	20	21	22	23	24
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
25	26	27	28	29	30
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
C. COMMERCIAL CHE stance your installati	EMICAL PRODUCT HAZAR ion handles which may be a h	DOUS WASTES. Enter azardous waste. Use ad	the four—digit number ditional sheets if necessar	from 40 CFR Part 261.3	33 for each chemical sub-
31	32	33	34	35	36
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
37	38	39	40	41	42
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
43	44	45	46	47	48
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
D. LISTED INFECTIO	US WASTES. Enter the four- nd research laboratories your	-digit number from 40 installation handles. Us	CFR Part 261.34 for each additional sheets if nec	ch listed hazardous wast cessary.	e from hospitals, veterinary
49	50	51	52	53	54
			- Indiana		
E. CHARACTERISTIC	S OF NON-LISTED HAZAF ur installation handles. (See	RDOUS WASTES. Mark 40 CFR Parts 261.21 —	("X" in the boxes corre	sponding to the charact	eristics of non-listed
X 1. IGN (D001)	ITABLE	2. CORROSIVE	☐3. REAC (D003)	TIVE	4. TOXIC (D000)
X. CERTIFICATION	y D				
attached document I believe that the s	nalty of law that I have to the first that have to the first that have on my ubmitted information is that ton, including the possi	inquiry of those inc true, accurate, and c	lividuals immediately omplete. I am aware	responsible for obto	nining the information,
BIGNATURE	ff		Stamm, Ger		r June 26, 198
Juce	. Farm	Gene E	. Stanini, Ger	iciai rianage	1 Julie 20, 170
EPA Form 8700-12 (6-	BO) REVERSE	Med Table 1			

RESPONDENT CONTACT RECORD (RCR)

FACILITY ID NUMBER	COMPANY NAME					
KSD007246846	Reid	L Supply	Compan	ny		
COMPANY ADDRESS	7/1/2	CITY		STATE ABBREV.	ZIP CODE	
911 E. Indianapolis		Wichita		KS	67211	
CONTACT PERSON'S NAME/TITLE TELEPHONE NUMBER (INCLUDE AREA CODE)						
Gene E. Stamm / General Manager 316 267-12					7-1231	
CONTACT RECORD						
DATE CONTRACTOR'S ITEMS DISCUSSED/RESOLUTION						
7/30/80 PS Mr. Stamm was on vacation but Mr. Chris Frederick said that Reid Supply is also						
Frederick said that Reid Suggly is also.						
a transporter.						